

City of Bellevue DECLARATION OF NON-RESPONSIBILITY Automated Traffic Safety Program

This Declaration may not be used by employers/principals to transfer responsibility to their employees/ agents. As a matter of law, a vehicle registered to an employer/principal that is driven by an employee remains in the "care, custody, and control" of the employer/agent and thus, the employer/principal is responsible for the payment of the penalty.

received the above-referenced Notice of Infraction. At the time of the violation indicated in the Notice of Infraction, the vehicle described in the Notice was: () Stolen (attach a copy of the police report) () Sold (attach a copy of the Report of Sale from Department of Licensing) () In the care, custody or control of another person who is listed below: • Please print clearly and accurately. If information is unclear, incorrect, or incomplete on your affidavit you may remain the responsible party. Driver's Name: Driver's Address: Street City State ZIP It declare under penalty of perjury under the laws of the State of Washington (RCW 9A.72.030 Class Felony) that the information provided in this Declaration is true and correct to the best of reknowledge. Your signature Date and Place where signed	Complaint Number:		Licen	se Plate Number:	State:	
() Sold (attach a copy of the Report of Sale from Department of Licensing) () In the care, custody or control of another person who is listed below: • Please print clearly and accurately. If information is unclear, incorrect, or incomplete on your affidavit you may remain the responsible party. Driver's Name: Street City State ZIP Il declare under penalty of perjury under the laws of the State of Washington (RCW 9A.72.030 Class Felony) that the information provided in this Declaration is true and correct to the best of reknowledge. Your signature Date and Place where signed					olation indicated in the	
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Driver's Name: Driver's Address: Street City State ZIP	() In the	care, custody or control of another p	erson wl	no is listed below:		
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Print your name Telephone number	Felony) th	at the information provided in this				
<u> </u>	Your signa	ature		Date and Place w	Date and Place where signed	
Your street address City, State ZIP Code	Print your r	name		Telephone number	r	
	Your street	address		City, State	ZIP Code	

Return the completed and signed Declaration to:

- King County District Court, 585 112th Ave SE, Bellevue, WA 98004.
- The declaration must be received by the date the response is due as indicated on the front of the Notice of Infraction. If the declaration is not received by the due date, it will be subject to late fees and transfer to a collection company.